

Protocol for decision-making on patients seeking help from Karnataka Fights Corona¹

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Purpose

The purpose of this protocol is for appropriate assessment of requests for help/support coming from patients to the Karnataka Fights Corona group either directly from patient caregivers/NGO intermediaries via Whatsapp/Helplines. This is to avoid overburdening the existing 1912 helpline which is already providing this service. The assessment system described here will enable identification of patients requiring hospitalisation, while the others can be provided pragmatic support for home-based care and reassurance as needed.

Summary of the protocol

At first contact, any patient who reports:

- SPO2 <90
- Carrying a referral slip/message from doctor who's assessed need for hospitalisation

Refer to 1912 helpline group with all relevant details.

If SPO2>90, or unavailable SPO2,

Refer to medical assessment team

Upon discussion with medical assessment team,

If SPO2 is 90-93 and other indications of serious illness/ co-morbidities lacking,

Medical assessment team shall provide instructions for home-based care (also share details with BBMP war room for daily follow-up)

If medical assessment reveals need for hospitalisation due to other conditions (see detailed assessment notes below),

Medical assessment team shall categorise into hospitalisation with general ward/CCC or hospitalisation with ICU/HDU and pass on to 1912 team

Process of on-boarding

1. Crowd-sourcing of medical volunteers via NGO/other partners
2. Orientation on the protocol by team led by Institute of Public Health Bangalore & Sonali Singh (volunteer-coordinator for medical assistance)
3. Explanation of the protocol for tele-triage
4. Direct deployment to zonal command center or other helpline services will involve handing over to the team lead at the respective center
5. Smaller group will support medical volunteer team that is working with the Karnataka Fights Corona/RDPR Whatsapp group where too this tele-triage of Whatsapp monitoring (WHAM) & 1912 referral is currently happening

Possible deployment scenarios

1. Direct deployment into zonal command centers or other helplines as required
2. 2-stage deployment within Karnataka Fights Corona Whatsapp group
3. Deployment with Aaptamitra for home-care follow-up monitoring/supervision

Detailed steps (BBMP deployment)

1. BBMP zone gets calls of various types from 1912
2. They will select those that need medical assessment. Typically unknown SPO2/SPO2>90, but this could also be home-based follow-up query
3. Will be added to WA group with a nodal person from BBMP zone you are allotted to you
4. Patient details shared in group and one of you can be "coordinator"
5. You handle queries and create a Google sheet for your group (coordinator?)
6. Update on sheet to close loop with BBMP nodal person
7. Trying to get you all CUG phones so that your numbers may be masked (may take time)
8. Remember to discuss time availability with your BBMP nodal person

Will have to adapt and create processes on the go due to crisis situation!

Detailed steps (WHAM group)

Step 1:

Who: WhatsApp Monitoring (WHAM)

Role:

1. Monitoring team collates “request for beds” posted on WhatsApp group / social media and inputs information into the CovidHelpAsk HospitalBeds Sheet.
2. Sets status to “forHelpAsk” in status and hands over to HelpAsk Team

SLA (timeline): One hour of receiving a post on Whatsapp Groups being monitored for WhatsApp Monitoring (WHAM) team

Step 2:

Who: CovidHelpAsk(CHA) Team

Covers the verification of the patients needs and handling them according to 2 scenarios:

- Scenario 1: If **<90% oxygen saturation** or **carrying a referral slip/message from doctor** who’s assessed need for hospitalisation, refer directly to 1912 team for hospitalisation.
 - SLA (Timelines): within 2 hours of case logging
- Scenario 2: If **>90% oxygen saturation**, or if respiratory rate is **less than 24 per minute** or if reading is not available, and if there is no serious illness (refer below), then inform the caregiver that a doctor shall call them to assess over the phone. Volunteer will mark on the excel “forMedicalAssessment”.
 - SLA (Timeline): within 2 hours of case logging

Role of CHA : calls the caretaker of the patient to

1. Check
 - a. If bed is still needed
 - b. Validate the fields in the excel sheet
 - c. Fill in any missing information
 - d. Set status
 - i. If Scenario 1 to “for1912”
 - ii. If Scenario 2 to “formedicalassessment”
2. Inform
 - If scenario 1 Inform the caregiver that it will be forwarded to 1912 team and update will be done on a revert from 1912
 - If Scenario 2 Informs the caregiver that Medical team will call

- Once 1912 sets status back to “informpatient”, confirms once 1912 team confirms bed allocation to the patient and sets status to “closed”

Script to use:

Introduction

My name is _____ and I am a volunteer with _____. I would like to help you with the difficulties you are facing for finding beds for (patient name). But before that I would like some details from you.

Collect following details (or verify details sent to you via WA group)

1. Patient Name :
2. Age :
3. Area / Location/Address :
4. Symptoms :
5. SPO2 Level :
6. Is patient on Oxygen Cylinder ?:
7. Searching Hospital Bed Since ?
8. List of Hospitals Visited :
9. Hospital name if admitted:
10. Ward No/Name
11. Covid Test Done ? :
12. Covid Result (+ve/-ve/Awaiting) :
13. Prefer Govt/Pvt/Any Hospital ? :
14. Type of Bed reqd:
15. Attender Mobile No :
16. Relation to the Patient :
17. SRF ID :2952511120283
18. BU Number :
19. Co-morbid conditions:
20. Doctor Name:
21. Other Remarks:

Thank you script -

Thank you for providing us with/confirming this information.

*I am logging the case with BBMP helpline 1912 (scenario 1) **OR***

I am referring the case to a doctor to discuss the next steps (scenario 2)

Step 3 (Applies to all deployments):

IF with Medical team assessment

If >90% oxygen saturation or SPO2 reading is not available, Medics team will call patients caregiver for a quick assessment for the bed need.

Introduce yourself (as a doctor/healthcare provider) and reconfirm that you have received details of the patient (refer to by name) from the volunteer. Upon discussion,

- **Scenario 1:** If SPO2 is 90-93 and other indications of serious illness/ co-morbidities lacking, refer to Annexure A. **Medical assessment team shall provide instructions for home-based care (also share details with BBMP war room for daily follow-up)**
- **Scenario 2:** If medical assessment reveals need for hospitalisation due to other conditions (see detailed assessment notes below), refer to Annexure B. **Medical assessment team shall categorise into hospitalisation with general ward/CCC or hospitalisation with ICU/HDU and pass on to 1912 team.**

If no SPO2 reading, ask symptoms the patient is having right now.

- Record symptoms. Check for complaints of breathlessness. If the patient is complaining of breathlessness,
- If any other severe illness causing patient who was previously active to now become bedridden/unresponsive or High fever NOT coming into control with home-based care; or severe comorbidities (Asthma/chronic lung/liver/kidney disease before COVID, Diabetes, Hypertension, Stroke, age >60 y, diagnosed with any other serious illness requiring care),

Note that some patients may not yet have their COVID-19 results but may already be having obvious COVID-19 like symptoms which the current guidance from Government of Karnataka suggests to treat as if it is COVID-19 even if results are negative/not yet available

Annexure A : Medical assessment & home care.

Medical assessment for home-based pragmatic care for adults

1. Introduce yourself (as a doctor/healthcare provider) and reconfirm that you have received details of the patient (refer to by name) from the volunteer.
2. Verify if the caregiver has received a phone call from BBMP/district COVID cell about home-based care.
3. Share following resources with patient as needed:
 - (a) Link for online beds availability (for BBMP areas only),
 - (b) resources for home-visit or tele-consultation with doctors
 - (c) Link to ASHA/ANM/nearest PHC in BBMP ward
4. Reassure that symptomatic treatment is sufficient for mild illness. If needed, address widespread misconceptions about Remdesivir/other antiviral medicines which are NOT needed for home-based care.
5. Use steps explained below and explain to the caregiver how to decide if the patient requires hospitalisation (assessment using pulse oximeter readings at home).
6. **Optional 6-minute walk test for assessing <60 years age patients wherever saturation is >93%:** Administer 6 minute walk test if a patient has symptoms and saturation is more than 90%. Patients should have access to pulse oximeters for this test.

Steps for administering:

- a) Note the saturation while sitting comfortably. This is your baseline saturation. Note this oxygen saturation level.
 - b) Now get up from the sitting position and walk for 6 minutes within the confines of home (do it only for patients who feel able to do this). This walk should be a continuous walk for 6 minutes. Use a clock to check the duration of the walk.
 - c) At the end of the walk, check the oxygen saturation level with a pulse oximeter. If this saturation level after a 6 minutes walk is 5 points equal or less than the baseline saturation, then the patient needs admission to a hospital.
Example: Suppose a patient's saturation before the 6 minute walk was 96% (baseline saturation) and after the walk was 89%, then the difference is $(96\% - 89\% = 7\%)$ more than 5%.
If the test is negative, continue explaining other points.
7. Based on the AIIMS-ICMR protocol, the following may be prescribed on a case to case basis only in case of mild COVID-19 as defined above based on available SPO2 values and/or lack of co-morbidities/lack of breathlessness:
 - Tablet Ivermectin 200 mcg/kg for 3 days

- Budesonide inhaler twice a day 2 puffs for 5 days
8. Reassure that most COVID-19 patients can be taken care of at home using simple measures that you will explain.
 9. Explain to monitor symptoms and consult a doctor if symptoms are worsening. Worsening of symptoms means:
 - a) Oxygen saturation dropping to below 90% (measured with oximeter)
 - b) Breathlessness is worsening to >24 breaths/minute
 - c) Increase in cough
 - d) Continuation of fever for more than 5 days
 10. Explain measures to be taken to curtail further transmission of infection to family members / other as explained in the graphic below.

If you have COVID-19 symptoms			If oxygen level is 92% or more	
CONSULT WITH A DOCTOR & GET TESTED				
<i>*Symptoms: fever, sore throat, cough, breathing difficulty, headache, body aches, loss of smell or taste</i>				
				
Check oxygen level (with pulse oximeter) 3-4 times/day	Wear a mask and have your family wear a mask to protect everyone	Open windows for ventilation	Fever medicines (Paracetamol, Acetaminophen)	Stay hydrated
				
Stay (Isolate) at home and rest	Stay hydrated	Fever medicines (Paracetamol, Acetaminophen)	Lie on your stomach as tolerated, to improve lung oxygenation	Inhaled budesonide (steroid) - two puffs, twice daily (1600 mcg/day in total) until symptoms improve*

Annexure B

Medical assessment for patients requiring hospitalisation

Introduce yourself (as a doctor/healthcare provider) and reconfirm that you have received details of the patient (refer to by name) from the volunteer. Reassure the caregiver that you will help with next steps.

If the patient is having breathlessness,

- then ask whether the caregiver is able to assess oxygen saturation at home using a home-based pulse oximeter. (These may also be possible by taking help from ANM/health workers from nearby Primary Health Centre/private hospital/clinic staff who may be requested to measure oxygen saturation and/or count respiratory rate).
- If a patient has no access to pulse oximeter, assess severity over phone with respect to co-morbidities and refer to 1912 list to identify COVID Care Centre/hospital with general ward and oxygen support.
- **If patient SPO₂ is 90-93% at home OR if respiratory rate 24-30 per minute**, then probably moderate COVID-19 illness and will require hospitalisation. Refer to 1912 list to identify a general ward of a hospital where they can be assessed and monitored.
- **If patient SPO₂ is <90% OR respiratory rate >30 per minute**, then the patient probably has severe COVID-19 disease and will require an ICU facility (irrespective of ventilator facility or not; a facility that can ensure oxygen using specialised masks to ensure good oxygenation). Refer to 1912 list to identify an appropriate ICU facility

References

1. AIIMS & ICMR treatment protocol dated 22 April 2021
<https://covid.aiims.edu/clinical-guidance-for-management-of-adult-covid-19-patients/>
2. Tips for managing COVID-19 at home for Adults poster by **IndiaCOVIDSOS.org** (Has Kannada, Tamil & many other Indian languages poster)
3. WHO COVID-19 living guidance
<https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2021-1>
4. Government of Karnataka guidelines for home isolation triage (provided by Dr. Ravi Kumar, Regional Director, Bangalore office of MoHFW, Govt of India)